Disclosure Re					Yes No		
	neral report and committee i	nformation, must b	e signed and sub	mitted along with	other detailed forms.		
	to update information			The second control of			
1. Committee Infor	mation						
a. Full Name	Daulana Daatta fan Cammia	orindersum Kathagallusisalli 			c. ID Number 4DUGGK		
Committee to Elect	Barbara Beatty for Commis	sioner					
	ude City, State and Zip Code)				d. Date Filed		
2990 Balls Creek R Newton, NC 28658					04/30/2012		
					e. Phone Number		
					828-320-0370		
2. Report Year	3. Period Start Date (mm/d	d. Period (mm/dd/yy	End Date	5. Treasurer Fu	ıll Name		
2012	01/01/2012		/21/2012	Barbara Beatty	/		
6. Type of Commit	tee (Check One)	9. Type of Repor	t (check on	ly one type of repo	from one category)		
Candidate Camp		Municipal	State/C		Referendum		
PAC	Referendum	Organization	al 🔲	Organizational	Organizational		
Independent	Joint Fundraiser	Thirty-five d	ay	Quarterly	Pre-referendum		
Expenditure Legal Expense F	und	_			<u> </u>		
7. Type of Fund	(if applicable, check one)	Pre-primary	\boxtimes	First	Final		
"Booster Fund"		Pre-election		Second	Supplemental Final		
Building Fund		Pre-runoff		Third	Annual		
		Semi-annual Mid Ye	L	Fourth Semi-annual	Special		
Other:		Year E		Mid Year	10. Special Report Name		
U Ouler.		Final	™	Year End	10. Special Report Name		
8. Number of Fund	raisers this Report	Special		Final			
	None			Special			
11. Account Inform	ation	MARKET FEEL AS	11. Account l	Information			
a. Financial Institution	Full Name		a. Financial Inst	itution Full Name			
Peoples Bank					T 1000 00000000000000000000000000000000		
b. Purpose	c. Account Code		b. Purpose		c. Account Code		
Campaign Account	BG	В					
	d. Period Begin Balance	e	10 1 10 1 10 1 10 1 10 1 10 1		d. Period Begin Balance		
	\$ 4,697.34				\$		
CERTIFICATION							
					B, & 22D-22M of Chapter 163 of		
					ds. I further certify that this report		
and the control of th	correct and that I have been	n trained by the NC	State Board of L	ections.	04/20/2012		
Barbara Be	atty Printed Name of Signer		Signature of Appoint	tad Treasurar	04/30/2012 Date		
FOR OFFICE USE O			Signature of Appoint	ted Treasurer	Date		
		Pla			Delivery Method		
Date Received:	DECEDED IN	Employee			Normal Mail		
Date Postmarke	d:	Employee			Registered Mail		
					Hand Delivered Electronically Filed		
Date Scanned: APR 3 0 2012 Employee: Employee: Electronically Filed							
Date Data Enter	ed: By		mandatory training				

Amendment

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

26)

27)

Forgiven Loans

48-Hour Notice Reports Sum

Contributions to be Refunded

Yes \boxtimes No Use this form to summarize all disclosure reporting forms and to total monetary information. 1. Committee Full Name (and Fund if applicable) 2. Type of Report 3. ID Number 2012 1st Quarter Committee to Elect Barbara Beatty for Commissioner 4DUGGK Plus Total this Total this 2012 Start of Election Cycle: January 1, Reporting Period **Election Cycle** 4,697.34 \$ Cash on Hand at Start RECEIPTS (CRO-1205) \$ \$ **Aggregated Contributions from Individuals** \$ 4,295.00 \$ 9,596.33 (CRO-1210) Contributions from Individuals 6) \$ \$ Contributions from Political Party Committees (CRO-1220) **Contributions from Other Political Committees** 100.00 \$ 100.00 (CRO-1230) \$ (CRO-1410) Loan Proceeds 9) S (CRO-1240) Refunds/Reimbursements To the Committee 10) Other Receipt Sources \$ 11a) Interest on Bank Accounts (CRO-1250) \$ \$ 11b) Contributions from Not-for-Profit Organizations (CRO-1250) \$ 11c) Outside Sources of Income (CRO-1250) \$ Legal Expense Fund - Other Sources (CRO-1270) 11d) \$ \$ 11 e) Exempt Purchase Price Sales (CRO-1265) 4,395.00 \$ 9,696.33 **TOTAL RECEIPTS** (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) EXPENDITURES Disbursements 13) \$ (CRO-1310) 6,796.22 6,917.55 13a) Operating Expenditures \$ 13b) Contributions to Candidates/Political Committees (CRO-1310) \$ \$ (CRO-1310) 13c) Coordinated Party Expenditures \$ \$ (CRO-1315) Aggregated Non-Media Expenditures 14) \$ \$ 15) Loan Repayments (CRO-1420) \$ \$ 291.33 Refunds/Reimbursements From the Committee (CRO-1320) 16) \$ 295.00 \$ 486.33 (CRO-1510) 17) In-Kind Contributions \$ 7,695.21 7,091.22 TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) 18) \$ 2,001.12 \$ 2,001.12 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) ADDITIONAL INFORMATION Non-Monetary Gifts Given to Other Committees (CRO-1330) 20) \$ Outstanding Loans (incl. ones from other campaigns) (CRO-1430) 21) Debts and Obligations owed By the Committee (CRO-1610) 22) (CRO-1620) 23) Debts and Obligations owed To the Committee **Account Transfers Within the Committee** (CRO-1720) 24) \$ Administrative Support (CRO-1710) 25)

Amendment

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NC State Board of Elections August 2008 CRO-1100

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(CRO-1440)

(CRO-2200)

(CRO-1215)

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Comm	ittee Full Name	(and Fund if applica	ble)				2. ID Number				
Committe	ee to Elect Barbar	a Beatty for Commiss	sioner					4DUGGK			
3. Contri	ibutor Informatio	on		Add		Remove			A STATE		
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Company of the Commence of the	mon Dairy Rd					e/Specific Field	ira.				
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Newton, 1	NC 28658						e. Election Sum to Date				
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								\$			
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(include	city, state, & zip)			Self-Em	nployed						
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	4220 4 th St Ln NW					e/Specific Field					
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Amendment

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					Amer	idment		
Contributions from Individuals	Pg	4	of	13_		Yes	\boxtimes	No
Use this form to report individual contributions over \$50 or contributions	under	\$50 if for	n CRC	1205 is no	ot used			

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Cinclude city, state, & zip) Doctor	3. Contr	ibutor Informati	ion		Add Re	move			
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b. Job Title/Profession

Add

Remove

3. Contributor Information

a. Full Name, Mailing Address & Phone

\$

d. Comments

		m Individuals	over \$50	P O or contributions un		of <u>13</u> PRO 1205 is n	Amendmen Yes oot used	8730 <u></u>
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(include	city, state, & zip)			Retired				
Joyce Be	U.5%							
	asant Lane			c. Employer's Name/S	Specific Field			
	Ford, NC 28673			Education				
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	ucewood Lane			c. Employer's Name/S		412		
Newton,	NC 28658			Law Enforcement		DI di di		
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4. Total only this Page

5. Total of ALL CRO-1210 Pages

Check

Contributions from Individuals P_{g} 8 of 13 Amendment P_{g} 8 No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Comm	ittee Full Name	(and Fund if applica	ble)			2. ID Number					
Committe	ee to Elect Barbar	a Beatty for Commisi	oner						4DUGGK		
3. Contri	butor Informatio	on		Add		Remo	ove				
a. Full Nan	ne, Mailing Address	& Phone		b. Job Ti	tle/Prof	ession		d. Comments			
(include	city, state, & zip)			Cosmo	tologis	st					
Hazel B.											
The state of the s	ne Yoder Rd			c. Emplo			ific Field				
11.00	NC 28602			Self-Employed							
828-294-	2070						e. Election Sum to Date				
								\$	50.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Descri	ption		j. Date (mm/dd/yy	yy)	k. Amount		
	BGB	Check					03/29/20	012	\$	50.00	
									\$		
									\$		
3. Contri	butor Informatio	on		Add		Remo	ve				
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession				d. Comments			
(include city, state, & zip)				Executi	ive						
Ronald L	indler			1							
3290 Stor	nesthrow Dr.			c. Employ	yer's Na	me/Spec	ific Field				
Newton, 1	Newton, NC 28658			BB&T							
828-381-2058								e. Election S	um to Date		
								\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Lind Descrip	otion		j. Date (mm/dd/yy	yy)	k. Amount		
	BGB	Check					03/27/20)12	\$	100.00	
									\$		
									\$		
3. Contri	butor Informatio	n		Add		Remo	ve				
a. Full Nam	e, Mailing Address &	& Phone		b. Job Tit	le/Profe	ession		d. Comment	S		
(include o	city, state, & zip)			Project	Direct	or					
Pamela B	. Simmons										
	estone Dr.			c. Employ		me/Speci	fic Field				
	NC 28609			Duke E	nergy						
828-241-2	2471							e. Election S	um to Date		
								\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Descrip	otion		j. Date (mm/dd/yyy	(y)	k. Amount		
	BGB	Check					03/31/20	12	\$	100.00	
									\$		
									\$		
4. Total	only this Page				1			\$		250.00	
5. Total	of ALL CRO	-1210 Pages						\$ 4,295.00			
(This line	must be on line 6 of 1	Detailed Summary Page C	RO-1100))				Ф		4,295.00	

					Amer	ndment		
Contributions from Individuals	Pg	9	of	13_		Yes	\boxtimes	No
Use this form to report individual contributions over \$50 or contribution	s under	\$50 if for	m CRO	1205 is no	ot used			

1. Comm	nittee Full Name	(and Fund if applica	ble)			2. ID Nu	mber	
Committe	ee to Elect Barbar	ra Beatty for Commision	oner				4DUGGK	i e
THE RESERVE OF THE PARTY OF THE	ributor Informati	THE SHALL SHOW THE PROPERTY OF THE SHALL S			Remove			
	me, Mailing Address	& Phone		b. Job Title/Profess	sion	d. Commer	nts	
	e city, state, & zip)		laidžija:=li	Chiropractor				
2532 Bird	ard K Davis, Jr.			c. Employer's Nam	e/Specific Field	(F-10.1)		
	, NC 28613			Conover Chirop		(But		
					<u> </u>	e. Election	Sum to Date	
						\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/	/yyyy)	k. Amount	
	BGB	Check				0/2012	\$	50.00
							\$	
							\$	
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The Control of the Co	me, Mailing Address			b. Job Title/Profess		d. Commen	nts	
	city, state, & zip)			Engineer	Attended to the second	THE TAX PROPERTY OF THE PARTY O	D. T. C.	
Clifford I				N180				
PO Box 6				c. Employer's Name				
Conover,	, NC 28613			Isaac Constructi	ion	71		Autremanium prasides salve
						e. Election	Sum to Date	
						\$	25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/	/уууу)	k. Amount	
	BGB	Check			03/31	/2012	\$	25.00
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	city, state, & zip)			UP				
Dean Pro								
605 2nc A				c. Employer's Name	NUMBER OF STREET			
Hickory,	NC 28601			United Beverage	e of NC	a Flaction	Sum to Date	
	Τ		T		1.5.4.4.41	\$	250.00	
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	BGB	Check	-		04/02/	/2012	\$	250.00
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							\$	
4. Total	l only this Page	e				\$		325.00
5. Total	l of ALL CRO	-1210 Pages				s		4,000.00
(This lim	a must be on line 6 of	Detailed Summary Page C	PO 1100			φ		4,000.00

Contributions from Individuals

			Amer	ndment		
10	of	13_		Yes	\boxtimes	No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Pg

1. Comn	nittee Full Name	(and Fund if applical	ble)			2. ID Nu	mber	
Committ	ee to Elect Barbar	ra Beatty for Commision	oner				4DUGGK	
3. Contr	ributor Informatio	on		Add 🗌 Re	emove			
We print the property of the second	me, Mailing Address			b. Job Title/Profession		d. Commen	ats	
(include	e city, state, & zip)			Teacher Sub				
Beth Lee								
	ffalo Shoals Road			c. Employer's Name/Sp		1		
	, NC 28609			Catawba County S	chools			
828-241-	-4091					e. Election	Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	ууу)	k. Amount	
	BGB	Check			04/01/2	.012	\$	100.00
							\$	
							\$	
3. Contr	ibutor Informatio	on		Add 🗌 Rei	move			
a. Full Nar	me, Mailing Address &	& Phone		b. Job Title/Profession		d. Commen	its	
(include	city, state, & zip)			Retired				
Anne S. I								
808 3 rd St				c. Employer's Name/Sp	pecific Field			
Conover,	, NC 28613			Medical			An experience of the second second second	
						e. Election S	Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
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3. Contri	ibutor Informatio	on		Add Rer	move			Trick -
a. Full Nan	me, Mailing Address &	& Phone		b. Job Title/Profession		d. Commen	its	
(include	city, state, & zip)			Owner				
Jerrold R.								
	azen Ct NE			c. Employer's Name/Sp	V/VICEOUSIONO, p. 01. 141.000, 0.11	_		
	, NC 28613			Hinton Consulting			2414-140-140-140-140-140-140-140-140-140-	and the second second
828-381-4	4366					e. Election S	Sum to Date	
						\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount	
	BGB	Check			04/05/20	012	\$	250.00
							\$	
							\$	
4. Total	l only this Page	e	2012			\$		450.00
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(This line	e must he on line 6 of	Detailed Summary Page Cl	RO-1100			ъ		4,293.00

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)

2. ID Number

1. Comin	nitee Full Name	(and rund it applica	Die)		Distance of the		2. 1D Num	ibei	
Committe	ee to Elect Barbar	ra Beatty for Commisi	oner					4DUGGK	
3. Contr	ibutor Informati	ion		Add [Ren	nove			
a. Full Nar	me, Mailing Address	& Phone		b. Job Title	e/Profession		d. Comments	S	
	e city, state, & zip)			Retired		1000 Tag (1000) 100		THE PROPERTY OF THE PARTY OF TH	
	E. Goodin III			1					
602 5 th A	ve NE		27	c. Employe	r's Name/Spe	ecific Field	1		
Conover,	, NC 28613			Medical					
258	188						e. Election S	um to Date	
							\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	ion	j. Date (mm/dd/yy	уу)	k. Amount	
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			1					\$	
3. Contri	ibutor Informatio	 on		Add [Rem	l nove			
Total State Section of Contract of	me, Mailing Address			b. Job Title	ALTERNATIVE STATE OF THE PARTY	1010	d. Comments		
	city, state, & zip)	& I none		Self-Emp		Committee of the Commit	u. Comment		And the World or the
Chris Ree		AND THE RESERVE OF THE PARTY OF	Commission of the Commission o	- John Ding	noyea				
	arleston Ct			c. Employe	r's Name/Spe	ecific Field			
	nt, NC 28610			Dentist	1 3 minerope	cine ricia			
828-459-	10			Delitist			e. Election St	um to Date	
020-105	0427						US of the control of the person of the Control	A CHARLES ALL VICTORIAN	
							\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	on	j. Date (mm/dd/yy	yy)	k. Amount	
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	ne, Mailing Address &			b. Job Title/			d. Comments		
	city, state, & zip)			Retired	Total Co. and State of the Co.		AND CONTRACTOR STREET	I All II All II A DO S I I I I I I I I I I I I I I I I I I	The state of the s
Charles S									
1690 2 nd 5				c. Employer	r's Name/Spe	cific Field			
	NC 28601			Banker	***************************************				
828-328-8							e. Election Su	ım to Date	
							\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	on	j. Date (mm/dd/yyy	yy)	k. Amount	
	BGB	Check				04/13/20)12	\$	100.00
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4. Total	only this Page	e					\$		300.00
5. Total	of ALL CRO	-1210 Pages					Φ.		1 225 00
(This line	e must be on line 6 of	Detailed Summary Page C.	RO-1100				\$		4,295.00

		m Individuals	avan 65		-	f 13		
		(and Fund if applica	Contraction of the last	o or contributions un	ider \$30 ii ioriii C	2. ID N		
	500 12 W	a Beatty for Commisi	(C			2.101	4DUGGK	
3. Contr	ibutor Informati	on		Add 🗌 R	emove			
D. S. C. S. S. S. C. S.	me, Mailing Address	& Phone		b. Job Title/Profession	on	d. Comm	ents	
	city, state, & zip)			Self-Employed				
	`. Mackie Ave NW			c. Employer's Name/	Specific Field			
	NC 28601			Attorney	Specific Field	3.11		
828-324-						e. Electio	n Sum to Date	
						\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/	уууу)	k. Amount	
	BGB	Check			04/18	2012	\$	50.00
					,		\$	
							\$	
3. Contr	ibutor Informatio	on .		Add 🗌 R	emove			
a. Full Nar	me, Mailing Address	& Phone		b. Job Title/Professio	n	d. Comm	ents	
	city, state, & zip)			Self-Employed				
Karen Es				c. Employer's Name/S	Enacific Field	100		
	, NC 28609			Abernathy Tax Se		10		
828-241-						e. Election	Sum to Date	
						\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/	уууу)	k. Amount	
	BGB	Check			04/14/	2012	\$	50.00
	15						\$	
							\$	
CASH TORONE SPACE AND CONTROL OF CONTROL	ibutor Informatio			Add 🗌 Re	emove			
	ne, Mailing Address &	& Phone		b. Job Title/Professio	n	d. Commo	ents	
Julia G. N	city, state, & zip)			Retired				
1382 Lan				c. Employer's Name/S	Specific Field	Bi		
	Ford, NC 28673			Social Worker	specific Freid			
						e. Election	Sum to Date	
						\$	450.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	BGB	Check			03/28/	2012	\$	200.00
							\$	
							8	

4. Total only this Page

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

4,295.00

300.00

\$

\$

		m Individuals lividual contributions	over \$5	Pg O or contributions un			Ye	
*******************************		(and Fund if applica		o or contributions und	der \$30 ii form Ci	2. ID Nu		
		ra Beatty for Commis					4DUGGK	
3 Contr	ibutor Informati	ion		Add Re	emove			
Committee of the commit	me, Mailing Address			b. Job Title/Profession		d. Comme	nts	
100000 - 100 Marie 2000 - 2000 - 2000	city, state, & zip)			Realtor		11 000000		
Kay Sch								
TOTAL STATE STATE OF THE PARTY	St Dr NW			c. Employer's Name/S	specific Field			
828-324-	NC 28601 -8780			Self-Employed		e. Election	Sum to Date	
020 32 1	0700					\$	150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	 Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	BGB	Check			03/29/2	2012	\$	100.00
							\$	
							\$	
3. Contr	ibutor Informati	on		Add 🗌 Re	move			
	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Comme	nts	
	city, state, & zip)			Owner				
Scott Gil 201 East				c. Employer's Name/S	nosific Field			
1 Statistics and and state and	NC 28658			Untouchables	pecine Field			
828-461-						e. Election	Sum to Date	
						\$	295.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/y)	ууу)	k. Amount	
	BGB		Food	d for Reptn	03/29/2	2012	\$	295.00
							\$	
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	butor Informatio	AND THE RESERVE OF THE PROPERTY OF THE PROPERT		Add Rei	move			
	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	ıts	
(include	city, state, & zip)			-				
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							\$	
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	only this Page					\$	**	395.00
5. Total	of ALL CRO	-1210 Pages	DO 1100			\$		4,295.00

(This line must be on line 6 of Detailed Summary Page CRO-1100)

Amendment

Contributions from Other Political Committees

<u>1</u> of <u>1</u>

mei	iament		
	Yes	\boxtimes	No

Use this form to report contributions from other candidate, referendum or PAC committees

	ull Name (and Fund if appli					2. ID	Number
Committee to El	lect Barbara Beatty for Comm	issioner	30 (5.53)	5.PAA25555			4DUGGK
3. Contributor I			Add		Remove		
(include city, state	t James C Gaither NC			of Committee Candidate Referendum Registered (Spe		d. Con	nments
Hickory, NC 28				State	Municipality:	e. Elec	tion Sum to Date
828-294-0645			F-3	31 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		\$	100.00
f. Account Code	g. Form of Payment	h, In-Ki	nd Descripti	on	i. Date (mm/dd/yyyy	/)	j. Amount
BGB	Check				04/03/2012	!	\$ 100.00
							\$
							\$
3. Contributor I			Add		Remove	T . c	
a. Full Name, Mailir			b. Type	of Committee Candidate	☐ PAC	d. Con	nments
(include city, state	z, & zip)		\dashv	Referendum	A NORTH-CO		
			c. Level	Registered (Spe	The second secon		
				Federal	County:		
				State	Municipality:	e. Elec	tion Sum to Date
						\$	
f. Account Code	g. Form of Payment	h, In-Kii	nd Description	on	i. Date (mm/dd/yyyy)	j. Amount
							\$
							\$
							\$
3. Contributor I			Add	Colonia I	Remove		
a. Full Name, Mailin			b. Type o	of Committee		d. Com	iments
(include city, state	e, & zip)		니님	Candidate Referendum	PAC		
			c. Level i	Registered (Spe		-	
				Federal	County:	-	
				State	Municipality:	e. Elec	tion Sum to Date
			_			\$	
f. Account Code	g. Form of Payment	h, In-Kir	nd Description	on	i. Date (mm/dd/yyyy)	j. Amount
							\$
8							\$
							\$
4. Total only this	Page					\$	100.00
5. Total of ALL	CRO-1230 Pages					\$	100.00
(This line must be	on line 8 of Detailed Summary Page	CRO-1100)				4	100.00

										Amen	dment		
Disbursements						Pg	<u>1</u>	of	<u>15</u>		Yes	\boxtimes	I
22 C C C C C C C C C C C C C C C C C C	02020	10.4	0.800000	-	2000		200144				20		

	ull Name (and Fun				2. ID Number
	lect Barbara Beatty				4DUGGK
3. Type of Disb			CRO-1310 forms for ea	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS	
Operating E	5005100410107104	Contributions to Car	ndidates/Political Committee		oordinated Party Expenditures
4. Payee Inform	nation		Add	Remove	
a. Full Name, Maili	ing Address & Phone		b. Coordinated Commit	tee Name	d. Comments
(include city, state,	& zip)				
Newton Post Of	ffice				
218 S Main Ave	е		c. Level Registered (Spe	cify)	
Newton, NC 28	3658		Federal	County:	
828-464-4031			State	Municipality:	e. Election Sum to Date
					\$ 44.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BGB	Check	I	01/13/2012	\$44.00	Postage
ВОВ	Check	1	01/13/2012	\$44.00	
				\$	
4. Payee Inform			CONT. T. M. P. CONT. S. SAND STREET, SAND ST	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Commit	tee Name	d. Comments
(include city, state,	& zip)				
Vick's Custom S	Screen Printing				_
307 Dusty Road	i		c. Level Registered (Spe	cify)	2.7 200 30
Taylorsville NC	28681		Federal	County:	
828-632-8695			State	Municipality:	e. Election Sum to Date
					\$ 1,219.80
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f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
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4 D T C	 	800505025800W50Pp 02 Dat 1000	Add		
4. Payee Inform				Remove	
	ng Address & Phone		b. Coordinated Committee	ree Name	d. Comments
(include city, state,	& zip)				
Peoples Bank			manus i i monos vam ovalini s vesto ao		_
P.O. Box 467			c. Level Registered (Spec		
Newton NC 286	558		Federal	County:	
828-466-1765			State	Municipality:	e. Election Sum to Date
					\$ 17.90
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1. Account Code	g. Form of Fayment	in rui pose coue	i. Date (iiiii/dd/yyyy)	j. Amount	Checks
BGB	Draft	Н	12/14/2012	\$17.90	Checks
				\$	
5. Total only thi	is Page				\$ 1,281.70
The second secon	CRO-1310 Pages				
(This line goes in	line 13a of Detailed Sun	mary Page CRO-110	0 if Operating Expenses)		¢ (70(22
(This line goes in	line 13b of Detailed Sun	mary Page CRO-110	0 if Contrib to Candidates/F	Political Comm)	\$ 6,796.22
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7. Purpose Code	es (List detailed ex	penditure code in	(h.) above)	则则是为"永高"了。"好 "。	
A* - Media	B* - Printing	C* - Fund		D - To Anoth	ner Candidate
E - Salaries	F* - Equipment	G - Politic	cal Party	H* - Holding	g Public Office Expenses
I - Postage	J - Penalties	K* - Offic	ce Expenses	Q* - Donatio	on to Legal Expense Fund
O* - Other					
* Codes require	e detailed explanati	on in required re	emarks field (k)		

Amendment **Disbursements** \boxtimes Yes No Pg of <u>15</u>

	full Name (and Fun				2. ID Number
	Elect Barbara Beatty				4DUGGK
3. Type of Disbu			CRO-1310 forms for each t		
Operating E		Contributions to Car	indidates/Political Committees		ordinated Party Expenditures
4. Payee Inform	reprofessional and the reproperties the professional participation of the reprofessional and the first state of		Add	Remove	
	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,		vseycenous extinue film.	4		
Thomas Photogr			1.00 100	10-constant and a single	-
557 10 th Ave Dr			c. Level Registered (Specify)		1
Hickory NC 286	502		Federal	County:	The second secon
828-327-0972			State	Municipality:	e. Election Sum to Date
					\$ 55.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BGB	Check	A	01/13/2012	\$55.00	Photos for Ads
				s	
4. Payee Inform	nation		Add	Remove	
	ing Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state,					
O.N.E.	& Zipj	White the state of	†		
P.O. Drawer 48			c. Level Registered (Specify)		
Newton NC 286			Federal	County:	
Newton 110 200	156		State	Municipality:	e. Election Sum to Date
i				Trianit party.	
	·				\$ 140.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BGB	Check	A	01/27/2012	\$140.00	Newspaper Ad
				\$	
-4-Days Tarks			Add	Damento.	
4. Payee Inform			b. Coordinated Committee Na	Remove	d. Comments
	ing Address & Phone		D. Coordinated Committee 144	ime	d. Comments
(include city, state,	& zip)		-	J	ĺ
Sams Club			Y Distand (Specify)	ANT SUBSECTION OF THE SUBSECTION	1
2435 Hwy 70 E			c. Level Registered (Specify)	Country	ł
828-326-8699				County:	DI - 41 - C - 42 D-42
			State	Municipality:	e. Election Sum to Date
					\$ 16.78
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BGB	Check	A	01/27/2012	\$16.78	CD's for Photos
				\$	
	The second second second				211.70
5. Total only thi					\$ 211.78
	CRO-1310 Pages line 13a of Detailed Sum	Paga CPO 110	(0 : COncepting Evnances)	STARON BEFORE	(
			o if Operating Expenses) O if Contrib to Candidates/Politica	ral Camm)	\$ 6,796.22
			o if Contrib to Canataates/Poutice O if Coordinated Party Expenditus		
	es (List detailed exp			resj	
A* - Media	B* - Printing	C* - Fund		D - To Anothe	er Candidate
E - Salaries	F* - Equipment				Public Office Expenses
I - Postage	J - Penalties		ce Expenses		n to Legal Expense Fund
O* - Other					
* Codes requir	e detailed explanati	ion in required re	emarks field (k)		

						Amendm	ent	
Disbursements			Pg	<u>3</u>	of <u>15</u>	□ Y	es 🖂	No
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	Full Name (and Fun			。	2. ID Number
	Elect Barbara Beatty				4DUGGK
3. Type of Disb			CRO-1310 forms for each i		
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	ing Address & Phone		b. Coordinated Committee N	lame	d. Comments
(include city, state,			-		
US Post Office	- Conover		I - ID - 14 - 16- 16)		-
201 1 st St E	0612		c. Level Registered (Specify)	County:	_
Conover, NC 2: 828-464-2073	8013		State	Municipality:	e. Election Sum to Date
828-464-2073			State	wunicipanty.	e. Election Sum to Date
					\$ 90.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BGB	Check	I	01/27/2012	\$90.00	Postage
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4. Payee Inform			Add	Remove	
	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,	& zip)				
Verizon	•		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	nings Compression and more	-
US 70 Hwy SE			c. Level Registered (Specify)	C	1
Hickory, NC 28	3602		Federal State	County:	El di C. d P.d
828-322-3339			State	Municipality:	e. Election Sum to Date
					\$ 271.03
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BGB	Check	K	01/29/2012	\$271.03	Telephone
				\$	
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4. Payee Inform			Add	Remove	
	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,			-		
The Claremont			. Y I D I (C)		-
3283 White Oal			c. Level Registered (Specify) Federal	Camatan	4
Claremont, NC	28010		State	County:	a Florido Sum to Date
			State	Municipality:	e. Election Sum to Date
					\$ 125.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BGB	Check	A	01/30/2012	\$125.00	Advertising
				\$	
				」 Ψ	0 406.00
5. Total only th	CRO-1310 Pages				\$ 486.03
Children and Company of the State of the Company of	line 13a of Detailed Sun	nmary Page CRO-110	0 if Operating Fynenses)	STEMPERES LAURINIS IN	
			0 if Contrib to Candidates/Politic	cal Comm)	\$ 6,796.22
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	es (List detailed ex				
A* - Media	B* - Printing	C* - Fund		D - To Anoth	er Candidate
E - Salaries	F* - Equipment	G - Politic	cal Party	H* - Holding	Public Office Expenses
I - Postage	J - Penalties	K* - Offic	ce Expenses	Q* - Donatio	n to Legal Expense Fund
O* - Other	e detailed explanati	ion in required	morks field (b)		
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Disbursen	nents	
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Amer	idment	
	Yes	\boxtimes

No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
	Elect Barbara Beatty				4DUGGK	
3. Type of Disb			CRO-1310 forms for each t			
Operating I		Contributions to Ca	ndidates/Political Committees		ordinated Party Expenditures	
4. Payee Inform	nation		Add	Remove		
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments	
(include city, state,	& zip)					
Patricia Ross						
2939 Balls Cree	ek Rd		c. Level Registered (Specify)			
Newton NC 28	658		Federal	County:	1	
			State	Municipality:	e. Election Sum to Date	
					\$ 100.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
					Sign Assembly	
BGB	Check	0	02/12/2012	\$100.00	8	
				0		
				\$		
4. Payee Inform	A CONTRACTOR OF THE CONTRACTOR		Add	Remove		
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments	
(include city, state,	& zip)					
Office Max					_	
1718 Hwy 70 S			c. Level Registered (Specify)			
Hickory, NC 28	3602		Federal County:			
			State	Municipality:	e. Election Sum to Date	
					\$ 43.63	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
DCD	Dahit Cand	V	02/22/2012	\$42.62	Name Badges	
BGB	Debit Card	K	02/23/2012	\$43.63		
	7-11			\$		
	No. 3, Sept. 1 March 1989 Charles Control	manusia con contrati (i)		1,000		
4. Payee Inforn			Add	Remove		
	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments	
(include city, state,	& zip)		4			
WHKY					-	
PO Box 1069			c. Level Registered (Specify)		-	
Hickory NC 28	603		Federal	County:		
828-322-1290			State Municipality:		e. Election Sum to Date	
					\$ 328.80	
	I	h. Purpose Code		D. Strengellanding		
f. Account Code	g. Form of Payment	n. r ur pose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
BGB	Check	A	02/28/2012	\$328.80	Radio Ad	
			_	7000		
				\$		
5. Total only th	is Page				\$ 472.43	
6. Total of ALL	CRO-1310 Pages					
(This line goes in	line 13a of Detailed Sun	ımary Page CRO-110	0 if Operating Expenses)		\$ 6.706.22	
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) \$ 6,796.22						
(This line goes in	line 13c of Detailed Sum	ımary Page CRO-110	0 if Coordinated Party Expenditu	res)		
	es (List detailed ex	penditure code in	(h.) above)			
A* - Media	B* - Printing	C* - Fund		D - To Anothe		
E - Salaries	F* - Equipment				Public Office Expenses	
I - Postage	J - Penalties	K* - Offi	ce Expenses	Q* - Donatio	n to Legal Expense Fund	
O* - Other	o dotoiled avelent	ion in reconstruct	omoulta field (IA			
Codes requir	e detailed explanati	on in required re	emarks neid (K)			

	2				092
Dis	hıı	rse	m	en	ts

Amendment Yes

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Committee Full Name (and Fund if applicable) Committee to Elect Barbara Beatty for Commissioner					2. ID Number
				22.1	4DUGGK
3. Type of Disbu			CRO-1310 forms for each ty		
Operating E		Contributions to Car	andidates/Political Committees		ordinated Party Expenditures
4. Payee Inform			Add	Remove	
	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,			4		
7/2	y Brd of Election		1 (6 - 16)		4
PO Box 132			c. Level Registered (Specify)	ARTICIONE	4
Newton NC 286	558		Federal	County:	
828-464-2424			State	Municipality:	e. Election Sum to Date
					\$ 90.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BGB	Check	Н	02/13/2012	\$90.00	Filing Fee
				\$	
4. Payee Inform	ation		Add	Remove	
	ing Address & Phone	611 190 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	b. Coordinated Committee Na	ame	d. Comments
(include city, state,					
Wallace Printing			1		
PO Box 1238			c. Level Registered (Specify)		1
Newton NC 286	558		Federal	County:	1
828-466-3300	,50		State	Municipality:	e. Election Sum to Date
923					\$ 206.51
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BGB	Check	В	03/8/2012	\$206.51	Postcards
БОБ	Check		00/0/2012		
				\$	
4. Payee Inform			Add	Remove	
	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,					
Newton Kiwanis	s Club		The sales are the sales as a sales and the sales are the s		
PO Box 550	5/45/2016		c. Level Registered (Specify)		
Newton NC 286	558		Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 8.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BGB	Check	0	03/13/2012	\$8.00	Donation
				\$	
5. Total only thi	is Dago		TERRETORNERS OF THE STATE OF		\$ 304.51
	CRO-1310 Pages				504.51
REST. CO. SERVICE STATE OF THE PROPERTY OF THE		nmary Page CRO-110	00 if Operating Expenses)	CHIEFER INCOME ON HOUSE WAS	
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	es (List detailed ex				
A* - Media	B* - Printing	C* - Func		D - To Anothe	er Candidate
E - Salaries	F* - Equipment	G - Politic	cal Party		Public Office Expenses
I - Postage	J - Penalties	K* - Offic	ce Expenses	Q* - Donatio	n to Legal Expense Fund
O* - Other	1.4. Had avaloued		1. C.13 (IA	PART TO STATE OF THE PART OF T	
~ Codes require	e detailed explanati	ion in required re	emarks neid (k)		

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DIS	υu	130		113

Amendment Yes

 \boxtimes

No

Disbursements $Pg \underline{6} of \underline{15} \underline{\square} Ye$ Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

	un Name (and Fun	Distriction of the Commission			2. ID Number
	lect Barbara Beatty			cn: I	4DUGGK
3. Type of Disb	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW		CRO-1310 forms for each t		
Operating E		Contributions to Ca	ndidates/Political Committees		ordinated Party Expenditures
4. Payee Inform			Add	Remove	
a. Full Name, Maili (include city, state, Catawba Valley			b. Coordinated Committee N	ame	d. Comments
PO Box 2583	1 ollery		c. Level Registered (Specify)		1
Hickory NC 28	603		Federal	County:	1
mekory Ne 200	303		State	Municipality:	e. Election Sum to Date
					\$ 40.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BGB	Check	О	03/15/2012	\$40.00	Donation
				\$	
4. Payee Inform	ation	A PARTY OF THE	Add	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,	& zip)				
O.N.E.					
PO Drawer 48			c. Level Registered (Specify)		
Newton NC 286	558		Federal County:		
			State	Municipality:	e. Election Sum to Date
					\$ 334.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BGB	Check	A	03/16/2012	\$194.00	Ad Newspaper
				\$	
4. Payee Inform	ation		Add	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,	& zip)				
Wal-Mart					
2525 US Hwy 7	0 SE		c. Level Registered (Specify)		
Hickory NC 286	502		Federal	County:	
828-326-7060			State Municipality:		e. Election Sum to Date
					\$ 23.18
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BGB	Check	K	03/17/2012	\$23.18	Envelopes / CD
				\$	
5. Total only thi	is Page				\$ 257.18
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	es (List detailed exp				
A* - Media E - Salaries I - Postage O* - Other	B* - Printing F* - Equipment J - Penalties	K* - Offic	cal Party ce Expenses		er Candidate Public Office Expenses n to Legal Expense Fund
* Codes require	e detailed explanati	on in required re	emarks field (k)		

Disbursements	Pg	7	of <u>15</u>

Amendment

Yes No

Company of the Compan	Committee Full Name (and Fund it applicable) Committee to Elect Barbara Beatty for Commissioner 4DUGGK				
3. Type of Disbi			CRO-1310 forms for each ty	una of Dichursam	
Operating E		The state of the s	ndidates/Political Committees		ordinated Party Expenditures
4. Payee Inform		Controlled	Add	Remove	Admitted 1 day 2-1-p-1-day
The second secon	ing Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state,				The Control of the Co	
	oung Republicans		1		
1351 Northern I			c. Level Registered (Specify)		
Conover, NC 2			Federal	County:	
828-464-9006			State	Municipality:	e. Election Sum to Date
					\$ 25.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BGB	Check	G	03/20/12	\$25.00	
				\$	
4. Payee Inform			Add	Remove	
The second secon	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,	& zip)		4		
Sams Club	70		c. Level Registered (Specify)	amortice consequencial	
2435 US Hwy 7 Hickory NC 286			Federal	County:	
828-326-8687	302		State	Municipality:	e. Election Sum to Date
828-320-0007				Municipality.	
	T	1		1	\$ 73.24
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BGB	Check	К	03/26/12	\$56.46	Ink, CD
				\$	
4. Payee Inform			Add	Remove	
and the second s	ng Address & Phone		b. Coordinated Committee Na	ıme	d. Comments
(include city, state,			-		
Catawba Co. Re	•				
Womens Club			c. Level Registered (Specify)		
4225 2 nd St NE	2601		Federal County:		7
Hickory, NC 28 828-324-5201	3601		State	Municipality:	e. Election Sum to Date
820-324-3201					\$ 30.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BGB	Check	G	1/5/12	\$15.00	
				\$	
5. Total only thi	is Page				\$ 96.46
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	는 사람들이 보고 있다면 하고 있다면 있다면 보고 되었다면 되었다면 있다.		0 if Contrib to Candidates/Politice	545C-07336CCCCCCCCCC	\$ 6,796.22
			0 if Coordinated Party Expenditu	res)	
	es (List detailed exp				
A* - Media E - Salaries	B* - Printing F* - Equipment	C* - Fund G - Politic		D - To Anothe	r Candidate Public Office Expenses
I - Postage	J - Penalties		ce Expenses		to Legal Expense Fund
O* - Other					
* Codes require	e detailed explanati	on in required re	emarks field (k)		

					Amer	dment		
Disbursements	Pg	8	of	15		Yes	\bowtie	N
I lea this form to woment armonditumes from the committee form								

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee Full Name (and Fund if applicable)

2. ID Num

Committee to Elect Barbara Beatty for Commissioner 2. ID Number 4DLIGGK						
	Committee to Elect Barbara Beatty for Commissioner 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)					
Operating E			andidates/Political Committees		ordinated Party Expenditures	
4. Payee Inform		Control Control Control	Add	Remove	ordinated Party Expenditures	
	ing Address & Phone		b. Coordinated Committee N		d. Comments	
(include city, state,			D. Cool dinated Committee 1.	ame	d, Comments	
Newton Post Of		All all all the second of the	+			
218 S Main Ave			c. Level Registered (Specify)		-	
Newton NC 286			Federal Federal	County:	-	
828-464-4031	130				e. Election Sum to Date	
828-404-4031			State	Municipality:	e. Election Sum to Date	
					\$ 89.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
BGB	Check	I	3/24/12	\$45.00	Stamps	
				\$		
4. Payee Inform	nation		Add	Remove		
Carlos and the Color Special Color of the Co	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments	
(include city, state,						
Wal-Mart						
2525 US Hwy 7	70 SE		c. Level Registered (Specify)		1	
Hickory NC 286			Federal	County:	1	
828-464-4441			State	Municipality:	e. Election Sum to Date	
District Walters strengther					\$ 71.57	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
BGB	Check	0	03/29/2012	\$48.39	Flowers	
		8		\$	Reception	
4. Payee Inform	4:00		Add	Remove		
			b. Coordinated Committee Na		d. Comments	
	ing Address & Phone		D. Cool ulhateu Committee 116	ame	d. Comments	
Office Max	& zip)		-			
	10 OF		Y Designation of (Consists)	adi nackanganingga ani sa		
1718 US Hwy 7			c. Level Registered (Specify)	2		
Hickory NC 286	502		Federal	County:		
			State	Municipality:	e. Election Sum to Date	
					\$ 50.66	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
BGB	СС	K	03/29/2012	\$7.03	Copy Paper	
				\$		
T Madel and the				7	n 100.40	
5. Total only thi					\$ 100.42	
	CRO-1310 Pages line 13a of Detailed Sum	wary Page CRO-110	0 if Onerating Fynenses)			
	and the second second		0 if Contrib to Candidates/Politic	val Comm)	\$ 6,796.22	
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	es (List detailed exp			resy		
A* - Media	B* - Printing	C* - Fund		D - To Anothe	er Candidate	
E - Salaries	F* - Equipment				Public Office Expenses	
I - Postage	J - Penalties		ce Expenses		n to Legal Expense Fund	
O* - Other					-	
* Codes require	e detailed explanati	on in required re	emarks field (k)			

				Ame	ndment		
Disbursements	Pg	9	of <u>15</u>		Yes	\boxtimes	No
I I - this fame to manage armonditums from the committee	C		L 4 d:	J - 4 - / 11	1		

	un Name (and Fun				2. ID Number	
	Committee to Elect Barbara Beatty for Commissioner 4DUGGK					
3. Type of Disbu			CRO-1310 forms for each t			
Operating Ex		Contributions to Car	ndidates/Political Committees		ordinated Party Expenditures	
4. Payee Inform			Add	Remove		
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments	
(include city, state,	& zip)					
Office Depot						
1858 Catawba V	31.0		c. Level Registered (Specify)			
Hickory NC 286	502		Federal	County:		
			State	Municipality:	e. Election Sum to Date	
					\$ 18.68	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
BGB	Check	K	03/28/2012	\$18.68	Glue, Name Tags Notebook	
				\$	Hotebook	
4. Payee Inform			Add	Remove		
			b. Coordinated Committee Na		d. Comments	
	ng Address & Phone		b. Coordinated Committee Na	ame	u. Comments	
(include city, state,			1			
Little Pigs BBQ			- I I Di-4 I (Ci6-)	Washing and American	-	
1904 N. Main A			c. Level Registered (Specify)	Country	-	
Newton NC 286	Newton NC 28658		33.53	FI C C 1 D 1		
			State	Municipality:	e. Election Sum to Date	
					\$ 78.65	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
BGB	Check	О	03/30/2012	\$78.65	Donation	
				\$		
4. Payee Inform	ation		Add	Remove		
a. Full Name, Mailir	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments	
(include city, state, o	& zip)					
Holiday Inn Exp	oress					
104 10 th Street N	1W		c. Level Registered (Specify)			
Conover NC 286	613		Federal	County:		
828-465-7070			State	Municipality:	e. Election Sum to Date	
			12		\$ 35.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
BGB	Check	С	03/30/2012	\$35.00	Room Rent	
				\$		
] *		
5. Total only thi					\$ 132.33	
CONTRACTOR STREET, STR	CRO-1310 Pages					
	line 13a of Detailed Sum				\$ 6,796.22	
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			0 if Coordinated Party Expenditu	res)		
	es (List detailed exp					
A* - Media	B* - Printing	C* - Fund		D - To Anothe		
E - Salaries I - Postage	F* - Equipment J - Penalties		cal Party ce Expenses		Public Office Expenses n to Legal Expense Fund	
O* - Other	3 - Tenanties	K - Olik	te Expenses	Q - Donatio	n to Legal Expense Fund	
	e detailed explanati	ion in required re	emarks field (k)			

					Amer	ndment
Disbursements	Pg	<u>10</u>	of	<u>15</u>		Yes

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political

committees and coordinated party expenditures.

1. Committee F	full Name (and Fun	d if applicable)	100			2. ID Number
Committee to E	lect Barbara Beatty	for Commisioner				4DUGGK
3. Type of Disb	ursement (Plea	ise use separate (CRO	-1310 forms for each i	type of Disbursem	ent.)
Operating F	Expenses	Contributions to Ca	ındida	ates/Political Committees	Coo	ordinated Party Expenditures
4. Payee Inform	nation		A	dd	Remove	
a. Full Name, Mail	ing Address & Phone		b.	Coordinated Committee N	lame	d. Comments
(include city, state,						
Hospitality Min			7			
PO Drawer 314			c.	Level Registered (Specify)		
Boone NC 2860			Г	Federal	County:	
264-3045				State	Municipality:	e. Election Sum to Date
					<u> </u>	
						\$ 250.44
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
DCD	00	0		04/11/2012	P250.44	Mints for
BGB	CC	0		04/11/2012	\$250.44	Election Day at
						Polls
					\$	and decoded with the second se
4. Payee Inforn	nation	a sa ta bana a la la	A	dd	Remove	
a. Full Name, Mail	ing Address & Phone		b.	Coordinated Committee N	lame	d. Comments
(include city, state,			8			
Sarah Ham			7			
PO Box 1237			c.	Level Registered (Specify)		
Hickory NC 28	603		Г	Federal	County:	
Inchery ive 20			1=	State	Municipality:	e. Election Sum to Date
			_	J ~		
						\$ 37.50
f. Account Code	g. Form of Payment	h. Purpose Code	716	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BGB	Check	K		03/25/2012	\$37.50	Web/Facebook
	2		-			
					\$	
4. Payee Inform	nation		A	dd	Remove	
a. Full Name, Maili	ng Address & Phone		b.	Coordinated Committee N	ame	d. Comments
(include city, state,	& zip)					
Hickory Crawda						
Clemment Blvd			c.	Level Registered (Specify)		
Hickory NC 28	601			Federal	County:	
828-322-3000			IF	State	Municipality:	e. Election Sum to Date
						A =0.00
						\$ 50.00
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
DCD	Charle			04/07/12	\$50.00	Event Tickets
BGB	Check	0		04/07/12	\$50.00	
					\$	
E Tradel color di						\$ 337.94
5. Total only th	CRO-1310 Pages					\$ 337.94
hage-representatives or our histories and continues and co	line 13a of Detailed Sun	nmary Page CRO-110	n if (Oneratina Fynenses)	POTERALE LEADER AND AND	2
	생생님들이 아이지 않아 되고 있었다면 하게 되었다면 되었다.			Contrib to Candidates/Politic	cal Comm)	\$ 6,796.22
	일 있는 가이스 작은 전 50km (File Street West Street		30.5	Coordinated Party Expendite		
	es (List detailed ex		_			
A* - Media	B* - Printing	C* - Fun			D - To Anothe	r Candidate
E - Salaries	F* - Equipment					Public Office Expenses
I - Postage	J - Penalties	K* - Offi				to Legal Expense Fund
O* - Other	1416	A THE THE PARTY OF			MONTHURSON	1177-000 COP 0007-001-7-01100/000000-00000-0000-0000-
* Codes requir	e detailed explanat	ion in required r	ema	rks field (k)		

 \boxtimes

No

		Amendment		
Disbursements Pg 11 of	<u>15</u>	☐ Yes	\boxtimes	No

1. Committee Full Name (and Fund if applicable) 2. ID Num							
Committee to Elect Barbara Beatty for Commissioner					4DUGGK		
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
Operating E							
4. Payee Inform	ation		Add	Remove			
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments		
(include city, state,							
Pat Appleson S			1				
2359 US Hwy 7			c. Level Registered (Specify)		E .		
Hickory NC 286			Federal	County:	7		
828-465-5500			State \Box	Municipality:	e. Election Sum to Date		
020 100 000				,			
					\$ 225.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
BGB	Check	О	04/09/2012	\$225.00	Photos		
				\$			
4. Payee Inform	ation		Add	Remove	The second secon		
			b. Coordinated Committee N		d. Comments		
Section for the Control of the Contr	ng Address & Phone		b. Coordinated Committee 14	ame	u. Comments		
(include city, state,		Corcul Harring Spirits State					
Wal-Mart - Den	ver		I ID '-4 - 1 (C'C-)		_		
7131 Hwy 73	0.7		c. Level Registered (Specify)		4		
			County:				
704-827-8911			State	Municipality:	e. Election Sum to Date		
					\$ 66.88		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
BGB	СС	K	04/9/2012 \$66.88		Keyboard		
202			0.17,20.2				
				\$			
4. Payee Inform			Add	Remove			
	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments		
(include city, state,							
Hickory Daily F							
1100 11 th Ave B	Blvd SE		c. Level Registered (Specify)				
Hickory NC 286	502		Federal County:				
828-322-4510			State	Municipality:	e. Election Sum to Date		
					\$ 200.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
BGB	Check	A	04/12/2012	\$200.00	AD		
				\$			
5. Total only thi	с Роле				\$ 491.88		
	CRO-1310 Pages				Ψ 121,00		
1000-0014-000-000-000-000-000-000-000-00		mary Page CRO-110	0 if Operating Expenses)		4		
	: [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]		0 if Contrib to Candidates/Politic	ral Comm)	\$ 6,796.22		
[14일] 전환 경기 발생 모임 학생 (14 ¹⁵) 보다 (14년 전기	등을 잃어지도 일반 하면 그렇게 되었다. 그런 얼마 되었다면 하는 것이 없다.	**************************************	0 if Coordinated Party Expenditu				
	es (List detailed ex						
A* - Media	B* - Printing	C* - Fun		D - To Anoth	er Candidate		
E - Salaries	F* - Equipment				g Public Office Expenses		
I - Postage	J - Penalties		ce Expenses		on to Legal Expense Fund		
O* - Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements	Pg

				Amendment		
Pg	12	of	<u>15</u>	☐ Yes	\boxtimes	No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee Full Name (and Fund if applicable) 2. ID Number Committee to Elect Barbara Beatty for Commisioner 4DUGGK (Please use separate CRO-1310 forms for each type of Disbursement.) 3. Type of Disbursement Contributions to Candidates/Political Committees Coordinated Party Expenditures Operating Expenses Add Remove 4. Payee Information b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) Barbara Beatty 2990 Balls Creek Rd c. Level Registered (Specify) Federal County: Newton NC 28658 State Municipality: e. Election Sum to Date 828-320-0370 \$ 412.00 h. Purpose Code k. Required Remarks i. Date (mm/dd/yyyy) j. Amount f. Account Code g. Form of Payment Mileage \$412.00 01/19/2012 0 **BGB** Check \$ 4. Payee Information Add Remove d. Comments b. Coordinated Committee Name a. Full Name, Mailing Address & Phone (include city, state, & zip) Hopewell Methodist Church c. Level Registered (Specify) 2211 Hopewell Church Rd Sherrills Ford NC 28673 Federal County: e. Election Sum to Date State Municipality: \$ 35.00 h. Purpose Code j. Amount k. Required Remarks f. Account Code i. Date (mm/dd/yyyy) g. Form of Payment Donation 0 01/28/2012 \$35.00 **BGB** Check 4. Payee Information Add Remove b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) Barbara Beatty c. Level Registered (Specify) 2990 Balls Creek Rd Newton NC 28658 Federal County: 828-320-0370 State Municipality: e. Election Sum to Date \$ 818.00 h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks f. Account Code g. Form of Payment Mileage **BGB** Check 0 02/15/2012 \$406.00 \$ 853.00 \$ 5. Total only this Page 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$ 6,796.22 (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) 7. Purpose Codes (List detailed expenditure code in (h.) above) D - To Another Candidate C* - Fundraising A* - Media B* - Printing G - Political Party H* - Holding Public Office Expenses E - Salaries F* - Equipment I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund O* - Other * Codes require detailed explanation in required remarks field (k)

				Amendment		
Disbursements	Pg	13	of <u>15</u>	Yes	\boxtimes	No
			anazar e e e e e e e e e e e e e e e e e e e			

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political

committees	and	coordinated	l party	expenditures.

1. Committee Full Name (and Fund if applicable) 2. ID Number							
Committee to E	Committee to Elect Barbara Beatty for Commissioner 4DUGGK						
3. Type of Disb	3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						
Operating E	xpenses	Contributions to Car	ndidates/Political Committees	Coc	ordinated Party Expenditures		
4. Payee Inform	ation		Add	Remove			
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments		
(include city, state,	& zip)						
Barbara Beatty							
2990 Balls Cree	k Rd		c. Level Registered (Specify)				
Newton NC 286	558		Federal	County:			
828-320-0370			State	Municipality:	e. Election Sum to Date		
					\$ 1155.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
DCD	Ohaala		02/24/2012	\$227.00	Mileage		
BGB	Check	0	02/24/2012	\$337.00	#15		
				\$			
4 Dayso Inform			Add	Remove			
4. Payee Inform			b. Coordinated Committee Na		d. Comments		
	ng Address & Phone		b. Coordinated Committee Na	ше	u. Comments		
(include city, state,	& zip)		-				
CVS			I ID IG	Name (Spirite State of State o	-		
Hwy 321 Busine			c. Level Registered (Specify)				
Newton NC 286	58		Federal	County:	The Control of the Co		
			State	Municipality:	e. Election Sum to Date		
				\$ 26.06			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
BGB	Check	0	03/27/2012	\$26.06	Disc Pictures		
				6			
				\$			
4. Payee Inform	ation		Add	Remove			
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ıme	d. Comments		
(include city, state,	& zip)						
Barbara Beatty							
2990 Balls Cree	k Rd		c. Level Registered (Specify)				
Newton NC 286	558		Federal	County:			
828-320-0370			State	Municipality:	e. Election Sum to Date		
TO SECURITY SECURIORS OF THE SECURIOR S					\$ 1,625.50		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1. Account Code	g. Form of Fayment	m z m post cout	i. Date (iiiii/dd/yyyy)	j. Amount	Mileage		
BGB	Check	0	04/2/2012	\$470.50	Willeage		
				\$			
5. Total only thi	s Page				\$ 833.56		
	CRO-1310 Pages						
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)							
					\$ 6,796.22		
[[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	보다 많이 되면 하나는 것은 사람들이 이 사람은 생각하는 사람은 모임했다.) if Coordinated Party Expenditu				
	es (List detailed ex						
A* - Media	B* - Printing	C* - Fund		D - To Anothe	er Candidate		
E - Salaries	F* - Equipment				Public Office Expenses		
I - Postage	J - Penalties		ce Expenses		n to Legal Expense Fund		
O* - Other				HATTOTAL SOLD SOLD HATTOTAL SOLD SOLD SOLD SOLD SOLD SOLD SOLD SOL	TO THE STATE OF TH		
* Codes require detailed explanation in required remarks field (k)							

		654	
Dich	HPCAT	nents	

Amendment Yes

No

 \boxtimes

3. Type of Disbursement Please use segarate CRO-1310 farms for each type of Disbursement.) Operating Expenses Contributions to Condictates Political Committees Coordinated Party Expenditures	1. Committee Fi	2. ID Number							
Coordinated Party Expenses Coordinated Party		4DUGGK							
4. Payee Information Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) Catawba Co. Republican Party PO Box 3175 Hickory NC 28603 Federal County Federal County Federal County Federal County State Municipality Federal County Federal									
a. Full Name, Mailing Address & Phone (include city, state, & zip) Catawha Co. Republican Party PO Box 3175 Hickory NC 28603 \$28-324-1386 Check G O4/17/2012 \$35.00 A. Account Code g. Form of Payment b. Purpose Code of Catawha Co. Republican Party PO Box 3175 Add C Sacount Code g. Form of Payment b. Purpose Code of Catawha Co. Republican Party PO Box 3175 Add Remove A. Full Name, Mailing Address & Phone (include city, state, & zip) Catawha Co. Republican Party PO Box 3175 Hickory NC 28603 \$28-324-1386 Check G O4/18/2012 \$20.00 A. Full Name, Mailing Address & Phone (include city, state, & zip) Catawha Co. Republican Party PO Box 3175 Hickory NC 28603 \$28-324-1386 Check G O4/18/2012 \$20.00 Table Rental A. Payee Information A. Purpose Code D4/18/2012 \$20.00 A. Payee Information A. Purpose Code G. Level Registered (Specify) Federal Country: State Municipality: c. Election Sum to Date S. 55.00 A. Payee Information A. Purpose Code G. O4/18/2012 \$20.00 Table Rental A. Payee Information A. Comments C. Level Registered (Specify) Federal Country: State Municipality: c. Election Sum to Date S. 55.00 A. Payee Information A. Purpose Code G. O4/18/2012 \$20.00 Table Rental A. Payee Information A. Comments C. Level Registered (Specify) Federal Country: State Municipality: c. Election Sum to Date S. Coordinated Committee Name A. Purpose Code G. Country: State Municipality: c. Election Sum to Date S. 20.00 A. Account Code g. Form of Payment In. Purpose Code S. 20.00 A. Account Code g. Form of Payment In. Purpose Code S. 20.00 A. Account Code g. Form of Payment In. Purpose Code S. 20.00 A. Account Code g. Form of Payment In. Purpose Code S. 35.00 A. Account Code g. Form of Payment In. Purpose Code C. Level Registered (Specify) Federal Country: S. 20.00 A. Purpose Code G. Country: S. 20.00 Donation D. To Another Candidate Check O O4/19/2012 S20.00 Donation Donation D. To Another Candidate						ordinated Party Expenditures			
Catawba Co. Republican Party Pol Box 3175 Federal County: Catawba Co. Republican Party Pol Box 3175 Federal County: Catawba Co. Republican Party Pol Box 3175 Federal County: Catawba Co. Republican Party Pol Box 3175 State Municipality: Catawba Co. Republican Party Pol Code Late (mm/dd/yyyy) J. Amount Late (mm/dd/yyyy) Late (mm/dd/yyyy) J. Amount Late (mm/dd/yyyy) Late (mm/dd/yyyyy) Late (mm/dd/yyyyy) Late (mm/dd/yyyyy) Late (mm/dd/yyyyy) Late (mm/dd/yyyyy) Late	The state of the s								
Catawba Co. Republican Party PO Box 3175 Hickory NC 28603 828-324-1386 G				b. Coordinated Committee Na	ime	d. Comments			
PO Box 3175 State County: Co				4					
Federal County State Municipality: e. Election Sum to Date		publican Party		Diffuse Country of Book was company as the country of					
State Municipality: e. Election Sum to Date									
F. Account Code g. Form of Payment b. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks Donation S		503				70 70 10 10 10 10 10 10 10 10 10 10 10 10 10			
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A. Payee Information	f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount				
4. Payee Information	BGB	Check	G	04/17/2012	\$35.00	Donation			
a. Full Name, Mailing Address & Phone (include city, state, & zip) Carewho Co. Republican Party PO Box 3175 Hickory NC 28603 828-324-1386 Federal County: State Municipality: e. Election Sum to Date \$ 55.00 f. Account Code g. Form of Payment h. Purpose Code a. Full Name, Mailing Address & Phone (include city, state, & zip) Lake Norman Garden Club Sherrills Ford NC 28673 G. Level Registered (Specify) Federal County: \$ 20.00 Table Rental Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) Lake Norman Garden Club Sherrills Ford NC 28673 G. Level Registered (Specify) Federal County: State Municipality: e. Election Sum to Date \$ 20.00 f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks BGB Check O 04/19/2012 \$20.00 f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks BGB Check O 04/19/2012 \$20.00 Donation S. Total only this Page 6. Total of ALL CRO-1310 Pages (This line goes in line 13b of Detailed Summary Page CRO-1100 if Courtib to Candidates/Political Commy (This line goes in line 13b of Detailed Summary Page CRO-1100 if Courtib to Candidates/Political Commy (This line goes in line 13b of Detailed Summary Page CRO-1100 if Courtib to Candidates/Political Commy (This line goes in line 13b of Petailed Summary Page CRO-1100 if Courtib to Candidates/Political Commy (This line goes in line 13b of Petailed Summary Page CRO-1100 if Courtib to Candidates/Political Commy (This line goes in line 13b of Petailed Summary Page CRO-1100 if Courtib to Candidates/Political Commy (This line goes in line 13b of Petailed Summary Page CRO-1100 if Courtib to Candidates/Political Contmy (This line goes in line 13b of Petailed Summary Page CRO-1100 if Courtib to Candidates/Political Contmy (This line goes in line 13b of Petailed Summary Page CRO-1100 if Courtib to Candidates/Political Contmy (This line goes in line 13b of Petailed Summary Page CRO-1100 if Courtib to Candidates/Political Cont					\$				
(include city, state, & zip) Catawba Co. Republican Party PO Box 3175 Hickory NC 28603 \$28-324-1386 Federal	4. Payee Inform	ation		Add	Remove				
(include city, state, & zip) Catawba Co. Republican Party PO Box 3175 Hickory NC 28603 828-324-1386 State	a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ıme	d. Comments			
Catawba Co. Republican Party PO Box 3175 Federal				t					
C. Level Registered (Specify) Federal County: State Municipality: e. Election Sum to Date State Municipality: e. Election Sum to Date State Municipality: e. Election Sum to Date State State Municipality: e. Election Sum to Date State				1					
State Municipality: e. Election Sum to Date		. 6≤		c. Level Registered (Specify)					
State		503		Federal	County:				
S 55.00 f. Account Code g. Form of Payment b. Purpose Code g. Form of Payment b. Purpose Code g. Form of Payment b. Purpose Code dinclude city, state, & zip) Lake Norman Garden Club Sherrills Ford NC 28673 f. Account Code g. Form of Payment b. Purpose Code g. Form of Payment b. Purpose Code d. County: S S	FOR BUILDING SAME AND ARRESTS AND A LAND			State	Municipality:	e. Election Sum to Date			
BGB Check G 04/18/2012 \$20.00 Table Rental 4. Payee Information						\$ 55.00			
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a. Full Name, Mailing Address & Phone (include city, state, & zip) Lake Norman Garden Club Sherrills Ford NC 28673 C. Level Registered (Specify) C. Lev	4. Payee Inform	ation		Add	Remove				
C. Level Registered (Specify)				b. Coordinated Committee Na	ime	d. Comments			
Lake Norman Garden Club Sherrills Ford NC 28673 C. Level Registered (Specify) Federal County: Municipality: e. Election Sum to Date									
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Federal County: Municipality: e. Election Sum to Date	Sherrills Ford N	C 28673		c. Level Registered (Specify)					
\$ 20.00 f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks BGB Check O 04/19/2012 \$20.00 5. Total only this Page \$ 75.00 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) 7. Purpose Codes (List detailed expenditure code in (h.) above) A*- Media B*- Printing C*- Fundraising D - To Another Candidate				Federal	County:				
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BGB Check O 04/19/2012 \$20.00 Donation 5. Total only this Page \$ \$ 75.00 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) 7. Purpose Codes (List detailed expenditure code in (h.) above) A* - Media B* - Printing C* - Fundraising D - To Another Candidate						\$ 20.00			
BGB Check O 04/19/2012 \$20.00 Donation 5. Total only this Page \$ 75.00 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) 7. Purpose Codes (List detailed expenditure code in (h.) above) A* - Media B* - Printing C* - Fundraising D - To Another Candidate	f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
5. Total only this Page 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) 7. Purpose Codes (List detailed expenditure code in (h.) above) A* - Media B* - Printing C* - Fundraising D - To Another Candidate	A CONTROL POR		0			Donation			
6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) 7. Purpose Codes (List detailed expenditure code in (h.) above) A* - Media B* - Printing C* - Fundraising D - To Another Candidate					\$				
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(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) 7. Purpose Codes (List detailed expenditure code in (h.) above) A* - Media B* - Printing C* - Fundraising D - To Another Candidate									
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7. Purpose Codes (List detailed expenditure code in (h.) above) A* - Media B* - Printing C* - Fundraising D - To Another Candidate	(This line goes in	line 13b of Detailed Sun	nmary Page CRO-110	0 if Contrib to Candidates/Politica	al Comm)	\$ 0,790.22			
A* - Media B* - Printing C* - Fundraising D - To Another Candidate	(This line goes in	(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
		es (List detailed ex	penditure code in	(h.) above)					
F Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses	A* - Media	B* - Printing	C* - Fund	draising					
	E - Salaries	F* - Equipment							
	I - Postage O* - Other	J - Penalties	K* - Offic	ce Expenses	Q* - Donation	n to Legal Expense Fund			
* Codes require detailed explanation in required remarks field (k)		e detailed explanati	ion in required re	emarks field (k)					

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Die	h	rse	ma	nta
1715	w	130	ше	1112

Pg 15

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 \boxtimes

Amendment

Yes

No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

2. ID Number 1. Committee Full Name (and Fund if applicable) Committee to Elect Barbara Beatty for Commissioner 4DUGGK (Please use separate CRO-1310 forms for each type of Disbursement.) 3. Type of Disbursement Contributions to Candidates/Political Committees Coordinated Party Expenditures Operating Expenses Add Remove 4. Payee Information b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) WNNC Radio c. Level Registered (Specify) 1666 Radio Station Rd Federal Newton NC 28658 County: 828-464-4041 State Municipality: e. Election Sum to Date 400.00 h. Purpose Code i. Date (mm/dd/yyyy) k. Required Remarks f. Account Code g. Form of Payment j. Amount Radio Ad \$400.00 **BGB** Check A 02/14/2012 4. Payee Information Add Remove b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) Barbara Beatty c. Level Registered (Specify) 2990 Balls Creek Rd Federal Newton NC 28658 County: State Municipality: e. Election Sum to Date 828-320-0370 \$ 2,087.50 h. Purpose Code k. Required Remarks f. Account Code g. Form of Payment i. Date (mm/dd/yyyy) j. Amount Mileage \$462.00 0 03/14/2012 **BGB** Check 4. Payee Information Add Remove b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) c. Level Registered (Specify) Federal County: State Municipality: e. Election Sum to Date f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks \$ \$ \$ 862.00 5. Total only this Page 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$ 6,796.22 (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) 7. Purpose Codes (List detailed expenditure code in (h.) above) C* - Fundraising D - To Another Candidate A* - Media B* - Printing E - Salaries G - Political Party F* - Equipment H* - Holding Public Office Expenses I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund O* - Other * Codes require detailed explanation in required remarks field (k)

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In-	-Kın	d C	ont	ribii	tions	

					Amei	idment		
ind Contributions	Pg	1	of	1		Yes	\boxtimes	No
		· .	1	T				

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund. Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		6.41517675.04	2. ID	Number
Committee to Elect Barbara Beatty for Commissioner				4DUGGK
3. Contributor Information Add	Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) Scott Gilleland 201 East 8 th St Newton, NC 28658	b. Type of Con Individ Candid Party PAC Refere	lual late		etion Sum to Date
828-461-2180	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Receipt Source	\$	295.00
e. Description	tiad ye kwanie i ji	f. Date (mm/dd/yyy	y)	g. Fair Market Amount
Food donation for reception		03/29/2012		\$ 295.00
				\$
				\$
3. Contributor Information Add Add Add	b. Type of Cor	atributos	c. Com	mante
a. Full Name, Mailing Address & Pholie (include city, state, & zip)	Individ	ndividual Candidate Carty		etion Sum to Date
e. Description		f. Date (mm/dd/yyy	y)	g. Fair Market Amount
8				\$
				\$
				\$
3. Contributor Information Add	b. Type of Cor	-taibutos	c. Com	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	Individual Candid Party PAC Refere	lual late		ction Sum to Date
e. Description	sanky illinging to the se	f. Date (mm/dd/yyy	v)	g. Fair Market Amount
C. Description.		333	,	\$
				\$
				\$
4. Total only this Page	Market Market	r Course (d. 34 - 5)	\$	295.00
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$	295.00